



LISA MADIGAN

Illinois Attorney General
Consumer Fraud Bureau
500 South Second Street
Springfield, IL 62706
217-782-1090

1-800-243-0618 (Toll free in IL)

TTY: 1-877-844-5461

www.IllinoisAttorneyGeneral.gov

Office Use Only

CLMS: _____

AG: _____

Fill out the form, then print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:

NAME OF SELLER OR PROVIDER OF SERVICE:

Name: Mr., Mrs., Ms. (circle one)

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip code: _____ County: _____

City: _____ State: _____ Zip code: _____

Your Telephone Number:

Daytime () _____

Evening () _____

Telephone () _____

Website: _____

Your e-mail address (optional): _____

Additional seller or provider of service involved in transaction:

Name: _____

Are you a senior citizen?

Yes _____ No _____

Address: _____

City: _____ State: _____ Zip code: _____

Who referred you to this office? _____

Telephone () _____

Website: _____

Has this matter been submitted to another government agency, an arbitration service, or to an attorney? Yes _____ No _____

If yes, please give name, address, telephone number #. _____

Is court action pending? Yes _____ No _____

INFORMATION ABOUT THE TRANSACTION

Date of Transaction: _____

Did you sign a contract? Yes _____ No _____
(If yes, please attach a copy)

Date contract was signed: _____

Was the product or service advertised? Yes _____ No _____ When? _____
(Please attach a copy of the advertisement, if available)

How was the service advertised?

- ☐ Newspaper/magazine
- ☐ Radio advertisement
- ☐ Television advertisement
- ☐ Internet advertisement
- ☐ E-mail solicitation
- ☐ Direct mail solicitation
- ☐ Telephone solicitation
- ☐ Yellow pages of the telephone book
- ☐ Facsimile solicitation
- ☐ Door-to-door solicitation
- ☐ Display at merchant's place of business
- ☐ Display at a trade show/convention, etc.
- ☐ Other _____

Total Cost of product/service: \$ _____

Amount paid to date/down payment: \$ _____

Method of payment (check one) (Please attach a copy)

Cash _____ Check _____ Money Order _____ Credit Card _____ Debit Card _____ Bank Draft _____
Wire Transfer _____ Automatic Debit _____ Other _____

If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes _____ No _____

(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. **Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint. PLEASE DO NOT SEND ORIGINALS.**

READ THE FOLLOWING BEFORE SIGNING BELOW:

Signature: _____ **Date:** _____

**Please print and send the completed form to the address at the top of this complaint form.
Incomplete forms may be returned.**